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# Laparotomy for Extra-Uterine Pregnancy;

*Removal of Macerated Fœtus of  
Eight Months.*

II.

## Solid Tumor of Ovary.

BY

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## LAPAROTOMY FOR EXTRA-UTERINE PREG- NANCY; REMOVAL OF MACERATED FÆ- TUS OF EIGHT MONTHS.<sup>1</sup>

BY J. COLLINS WARREN, M.D. ✓

I HAVE selected the following case as one likely to be of more interest to obstetricians and gynecologists than the ordinary run of abdominal cases.

B. M., twenty-seven years old, entered the hospital December 21, 1891, with an abdominal tumor of nearly a year's growth. She was an emaciated but not an unhealthy-looking person. Her first child was born five years before. Two years later she had two miscarriages, the second occurring after an interval of six months. Since that time the catamenia had been perfectly regular up to January 17, 1890, when they appeared for the last time for eight months.

In February she noticed a small tumor forming in the right iliac fossa, which at the end of the fifth month had reached about the size of a fist, and could be felt plainly under the abdominal walls. For this she consulted a physician, who thought she was pregnant but also had a tumor. During January, February and March she had suffered somewhat from nausea. In June the breasts became swollen and contained milk, which continued to form to a certain extent until after the operation. Movements were felt in the tumor from the fifth month until the middle of September. During this month the catamenia reappeared in an ir-

<sup>1</sup> Read, by invitation, before the Obstetrical Society of Boston, June 11, 1892.



regular manner covering a period of four weeks. There was no excessive flowing and no pain. The tumor had enlarged up to that time, but subsequently decreased somewhat in size. At no time were there any signs of labor. Since the reappearance of the catamenia they had been regular up to the time of the patient's entrance into the hospital.

On examination the patient was found to be emaciated, which condition seemed to make prominent a tumor occupying the hypogastric region and reaching above the umbilicus, situated on the median line and feeling firm and nodular to the touch and somewhat movable. Dulness existed over the whole area of the tumor. There was no fluctuation. No murmur was detected on auscultation. There was a faint pigmentation on the median line between the umbilicus and pubes, but no discoloration of the areolæ.

A vaginal examination showed that the uterus was situated on the left side of the tumor and was displaced somewhat upwards by it. The cervix was somewhat softened and patulous, so that the finger-tip could be introduced. The probe entered three and a half inches and could be felt through the abdominal wall in the left inguinal region. The tumor could be felt distinctly at the side of the uterus, situated deep in the pelvis. The temperature was somewhat elevated and continued so, and the pulse was feeble. The patient was therefore kept in bed and given nourishing diet until January 6, 1892, when the operation was performed. Although the question of extra-uterine pregnancy had been considered, the weight of opinion seemed in favor of the diagnosis of uterine fibroid.

An incision was made on the median line and was afterwards enlarged so as to extend from two inches above the umbilicus to the pubes. On opening the peritoneal cavity, a tumor was seen presenting the ex-



ternal appearances of a fibroid with a coil of intestine closely adherent to its upper left surface. On palpation a sense of fluctuation was detected and the aspirator-needle was introduced, without, however, obtaining fluid. An attempt was now made to separate the intestine from the tumor. During an effort to lift a thick adhesion from the surface, the finger slipped through the walls of the tumor into a cavity, and immediately a quantity of brownish, dirty but odorless fluid escaped. The foetal head was the part found presenting at this point, which was near the fundus of the cavity. The opening was enlarged, and a partially macerated foetus was found surrounded by a small quantity of grumous fluid. On lifting out the foetus, the cord was found to be attached to the placenta, which was readily detached from the walls of the cavity. There was no hæmorrhage. The toilet of the peritoneum was carefully made, and a glass drainage-tube was inserted behind the sac, the walls of which were stitched to the edge of the wound, as the sac extended deeply into the pelvis and seemed everywhere adherent. The cavity was then carefully wiped and washed out, and a second glass drainage-tube was inserted and surrounded with iodoform gauze. An aseptic dressing and swathe were then applied.

The following is a description of the specimen, by Dr. W. F. Whitney :

“ The foetus was in general well formed ; the length 33 centimetres ; the weight was 850 grammes. The nails covered the finger-ends, and the head was covered with thin, light hair. The epidermis was macerated, and hung in flakes from the surface of the body. There was very little fat tissue, and the breast-bone was sunken in, giving the appearance of an absence of the sternum, but dissection showed it to be present. It had evidently been pressed in through lateral force,

and to such an extent as to leave its impress on the anterior side of the heart, which was quite flat instead of normally rounded. There was a small, well-formed placenta, attached by a short, thin cord. Nowhere was there any formation that would give a clue as to the original seat of the placenta."

The patient made an uninterrupted recovery ; but the wound healed slowly, and on April 27th, when she was discharged, a small sinus existed into which a fine probe could be introduced about two and one-half inches. When seen a few days before this meeting, the sinus had healed, and the patient appeared to be in her usual state of health.

The appearance and situation of the sac suggested a tubal pregnancy, with extension of the sac downwards between the layers of the broad ligaments. The cavity was filled with macerated membranes ; but as the wall in places was quite thin, no attempt was made to dissect them off.

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## SOLID TUMOR OF OVARY.

BY J. COLLINS WARREN, M.D.

SOLID tumors of the ovary are said to be exceedingly rare. According to Greig Smith, "Of all tumors of the ovary probably not more than three per cent. are solid; most of them are malignant sarcoma or cancer; true myoma has been found; pure fibroma is almost unknown."

The following case seems, therefore, worthy to be placed on record:

J. R., domestic, single, forty-three years of age, entered the hospital November 2, 1892. For the last twelve years she has suffered from epileptic seizures, which she describes as "giving warning," and affecting the right side mainly. Her general health has otherwise been good. There is no history of any injury to her head. Her mental condition is slightly below par. Catamenia have been regular, but ceased two months ago. She first noticed some soreness of the abdomen on bending over about four months ago, but not until two months ago did she notice any enlargement. She has not had any pain, but has experienced a feeling of weight and dragging when walking about.

The patient is poorly nourished, and there is a slight suggestion of cachexia in the face. On examination, the abdomen was found to be somewhat distended with ascitic fluid, and a large, very hard, and nodulated tumor was felt extending three inches above umbilicus and down to the pubes. It was quite movable and could be pushed readily from side to side in the ascitic fluid.

On vaginal examination the uterus was found to be small, movable, and not connected with the growth. The hymen was well developed. The lungs and kidneys were normal. There was a slight presystolic murmur, but the heart's action was otherwise good. The tumor was regarded as probably of a malignant nature and possibly attached to the omentum. It was, however, thought advisable to perform an exploratory operation.

Laparotomy was accordingly performed on November 11th. An incision was made below the umbilicus, about four inches in length, which disclosed a hard nodular mass of an opaque whitish color floating in ascitic fluid, about two quarts of which escaped. The incision was enlarged by the scissors to two inches above the umbilicus and with some manipulation the tumor was brought out through the wound, and was found to be attached to the left broad ligament. The pedicle was long and thin and was easily tied with a Staffordshire knot. The tumor on removal was found to be about the size of an adult head and to weigh eight and one-half pounds. An examination of the other ovary showed it to be about twice its normal size and hard and nodular, resembling somewhat in this respect the diseased ovary.

The patient made a good recovery, the temperature not rising above 100° F, although the evening of the operation she sat up in bed and had several epileptic seizures during her convalescence. The stitches were removed on the thirteenth day, the union being perfect. The catamenia appeared on November 28th, immediately after one of the seizures. Having been satisfactorily fitted with an abdominal belt, which I apply to all cases of laparotomy, she was discharged December 6th in excellent condition.

The following is the report of the microscopical ex-



amination of the tumor by Dr. W. F. Whitney: "A large lobulated growth (size of the head), firm, not covered by peritoneum and united to a fragment of the Fallopian tube. Microscopic examination showed it to be made up of fibrous tissue, with here and there a few bundles of unstriped muscular fibre. Fibro-myoma."

There were no cysts in any part of the tumor.



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